## **Editor's Pick**

Teens believe they are invincible, if not immortal. The risks of adult health problems, such as lung cancer, obesity, infertility, and cirrhosis, seem a long way off. We think of teens as healthy, but at least 20% of adolescents have a serious health problem. As Wilkes and Anderson point out on p 77, ill health and death in adolescents are largely caused by injuries, alcohol and drug misuse, depression, unplanned pregnancies, and sexually transmitted infections. Teens only occasionally visit physicians. Wilkes and Anderson argue that teens' visits should be used for psychosocial screening and they discuss the best way to talk to teens based on their experiences at the Venice Family Clinic and the limited research evidence that is available.

Discussing some areas of health among teens arouses strong emotions and generates political attention. The rate of teen pregnancies in the United States is 13 times higher than in the Netherlands and 4 times higher than in Germany. Although the AMA now promotes the distribution of condoms in schools, Kirby (p 49) points out that the evidence that they work any better than programs promoting only abstinence is fairly weak. On p 153 Gottlieb discusses the political fallout from the AMA's new policy, while in an Op-Ed on p 148 Grimes will horrify some politicians with his belief that emergency contraception should be available over the counter. Teens should keep emergency contraception on them, just in case. Grimes argues that a condom breaking or an unprotected act of sex is analogous to a fire breaking out. "If women had to go to the hardware store to buy a fire extinguisher after a fire began, its usefulness would be compromised. The same may hold for emergency contraception." In her evidence-based case review on p 166 Davtyan provides a thorough guide to suitable contraception for teens and suggests that physicians should discuss sexuality and contraception during routine clinical encounters with adolescents. Grube and Gruber (p 210) believe physicians should also discuss the teen's exposure to sexuality in the media. Too often teens see unrealistic portrayals of sex in which no one gets pregnant or catches a sexually transmitted disease. Again, there is not enough research to

## The world of adolescents through a lens . . . .

WJM is pleased to include in this issue the work of high school students who attend Crossroads School in Santa Monica, California. Their photography teacher is Zelda Zinn. Other images in this special issue were provided by S Beth Atkin, from her book entitled Voices from the Streets. Young former gang members fell their stones, published in 1996 by Little, Brown Co.

inform the debate on whether exposure to sex in the media encourages sexual encounters or whether the relation works the other way. But parents should supervise their teen's use of the media and help them critique what they see.

The media has also been blamed for encouraging anorexia. About 2%-3% of young women have a diagnosable eating disorder, warn Brown and colleagues (p 189). Primary care physicians should watch out for unexplained weight loss in adolescents, secondary amenorrhea, excessive exercise, and parental reports that their teen eats slowly and at odd times.

On p 208 the journal starts a new series on myths in medicine, with a strongly worded commentary by Hoffman and King addressing the havoc caused by myths through the centuries. Some myths are still perpetuated in the area of pubertal development, claims Nakamoto on p 182. The isolated development of breasts, even in girls as young as 7, may be early but normal. Nakamoto provides useful reassurance about some of the common misconceptions that can create anxiety in parents and children.

Of all the avoidable causes of morbidity and mortality in teens, violence is particularly tragic. Egger and colleagues point out (p 197) that 4,205 children and adolescents were killed last year by gunfire alone. Many teens live in fear of violence, in homes where they do not feel safe, in communities where they are regularly exposed to violence. Egger and colleagues have developed a mnemonic to help physicians assess the impact of violence on their teenage patients. Although there are no pharmacologic answers to the effects of violence, and psychotherapy may not be available in some areas, longitudinal studies show that one intervention consistently works. Teens who have a relationship with an interested and caring adult seem to be protected from the adverse effects of being exposed to violence.



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